

REQUEST FOR APPROVAL OF REGULATIONS

Promulgating Agency:	Contact Person:	Phone Number:	
Subject:			
Regulatory Action: _____ Adoption _____ Amendment _____ Repeal		California Code of Regulations: Title: _____ Section(s): _____	
Emergency Regulations: _____ No _____ Yes (if yes, explain the nature of the emergency):			
Statutory Authority for Action: Code section _____ Bill Number _____ Author _____ Year _____ Chapter No. _____			
Fiscal Impact Statement (DOF Form 399) <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"> _____ Yes Fiscal Impact (Attach Form 399) </div> <div style="text-align: center;"> _____ No Fiscal Impact (Attach Form 399) </div> </div>			
Promulgating Agency:	Date	Agency:	Date
Department:	Date		

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STATE AND CONSUMER SERVICES AGENCY

Goals and objectives of the proposed regulations:

Summary of existing law and the changes to be made:

Summary of the public policy involved:

Consumer Impact:

Summary of anticipated support or opposition, identifying any received at the hearing:

If opposition was received, explain the response and reason for proceeding: